

# **Mental Health in Schools Community Partnership**

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## ***Statewide Steering Committee Meeting Summary***

May 7, 2008

### ***Charge to the Committee***

Co-chairs Carol Wolenberg, Irene Kazieczko, and Jocelyn Vanda presented an overview of the purpose for the grant-funded initiative and role of the committee. The Statewide Steering Committee is being convened to develop recommendations to coalesce the energy of state and local community partners around a shared agenda to improve children's social/emotional health and access to mental health services in schools.

### ***Family, School, Community, and State Perspectives***

Panelists shared the impact of mental health issues on children and day-to-day operations in schools from their perspectives as a school administrator, a school social worker, a parent, a community mental health administrator, and a state-level administrator. Some of the issues they highlighted were:

- Even schools with teen health centers are not able to service all at-risk students, and budget cuts are further reducing availability of resources for early identification.
- Stigma of mental health concerns hinders teens' willingness to seek help and schools' ability to obtain permission from parents for services.
- Multiple demands on social workers' and counselors' time make it difficult to develop necessary relationships with students, teachers, and family members.
- Parents and families need help in early identification, referral, and follow-up for students with mental health needs.
- Parents and students voices need to be heard; their message must be understood by service providers.
- While the amount of money devoted to mental health services has grown, the volume of children seen in community mental health has also grown, in part due to more collaboration with community partners and retooling of services to reduce barriers to care.
- There will never be enough resources for mental health unless the approach is broadened to include promotion and prevention, as well as intervention.
- Community commitment is necessary to increase access, get parents involved, and assure that services are available in the home and in the community.
- Partnerships are critical; we must all work together. Everyone who connects with youth and their families must have the support they need so they can be part of the solution for improving children's mental health.

### ***Comprehensive Frameworks for Schools and Communities Working Together to Address Mental Health and Learning Concerns***

Howard Adelman and Linda Taylor, Co-Directors of the School Mental Health Project and the Center for Mental Health in Schools at UCLA, provided an overview of mental health in schools and discussed frameworks for a comprehensive, multifaceted, and

cohesive approach that is fully integrated into school improvement policy and planning. A handout of their materials was distributed in the meeting packet and also is available by request. Additional resources are available on the Center for Mental Health in Schools website at <http://smhp.psych.ucla.edu>.

### ***Group Discussion and Identification of Priorities***

As steering committee members arrived at the meeting, they were each asked to write down the issue they think is most important to address in order to improve children's mental health in schools. Responses were posted on easel sheets and used as a starting point for further discussion. In small group discussions, steering committee members identified the top three issues they feel need to be addressed to have the most impact on children's mental health in schools. The priorities they identified are listed below:

- Providing education for teachers, staff, parents, and direct care providers to increase awareness of mental health behaviors, early identification, and response to mental health needs. (Four out of five discussion groups included early identification and response in their list of the top issues that need to be addressed.)
- Reducing stigma; changing the way people think about mental health. (Three out of five discussion groups included reducing the stigma associated with mental health diagnoses.)
- Fostering a safe learning environment for all students
- Providing effective social-emotional skills and knowledge to students (e.g. Health Education); and providing an environment for them to utilize those skills in school and community.
- Creating a support system for educators to engage and re-engage all students
- Identifying who has been successful in creating an effective integrated system and how they did it
- Documenting the problem adequately and connecting the problem to learning outcomes
- Working together—develop trusting relationships
- Improving home–school connections
- Promoting a “wellness” model

Refer to Attachment A for a complete list of the issues identified by individuals before the session and issues identified during the group discussions.

### ***Next Steps***

The Statewide Steering Committee will meet again on August 22 and November 7 to refine priorities and develop recommendations for action.

**Individual Responses to Pre-Session Question:**

**What issue do you think is most important to address in order to improve children's mental health in schools?**

- Early identification of mental health issues-ability to identify the cues and respond appropriately
- Defined referral and follow-up process so no child falls through the cracks
- Develop home-school partnership in treatment issues
- Collaboration—how to work together
- Whole child approach
- Education for parents, teachers, students, etc. (for teachers before they graduate with a teaching degree)
- Learning environment
  - risk free—kids feel safe to ask for help
  - positive relationships
  - promote mental health from wellness perspective vs. illness
  - non-threatening for parents seeking quality services
- Access to care
  - trained/skilled professionals
  - affordable
  - easy access
  - for all students, whether or not they are special needs
- Continuity of relationship between social workers in schools and client population (requires adequate funding)
- More support for school social workers—utilize their skills to strengthen links to CMH, DHS, courts
- Include more support for school social workers as part of wraparound teams
- Regular local survey of youth behavior
- Fully implement Michigan Model
- Funding
- How can schools/teachers make the accommodations or develop interventions to impact environmental causes of dysfunction in the school environment?

## **Breakout Group Discussion:**

**What are the top three issues that you think need to be addressed to have the most impact on children's mental health in schools? (Top priorities for each group are shown in boldface type.)**

### **[Group A]**

- **Education—staff, parents, direct care providers—to increase awareness of mental health behaviors and how to identify (identify indicators)**
- Early Identification – Kindergarten
- **Stigma/labeling of children—change the perspective of mental health**
- At-risk behavior/assets/**\*\*Treat all kids**
- Prevention (to address more of the needs)
- Identification of resources/connecting families to resources
- **Working together—develop trusting relationships**
- Funding
- Negative pressure from families
- Availability of psychologists and psychiatrists; access to treatment
- Lack of common understanding; opening up to hear of common struggles
- Youth sharing with others; reluctant to ask for help
- Learning disability to fit in

### **[Group B]**

- **Get people to think differently about mental health (de-marginalize support services, etc.)—reduce stigma**
- Promote team teaching; add psychosocial support to team teaching
- Invest resources earlier ;target younger children
- **Training on identifying mental health concerns for teachers, parents, school staff, etc.**
- Focus on all the barriers that keep kids from learning—bring barriers to forefront of discussions
- Move upstream—start earlier; identify “early identifiers”
- **Have we adequately documented the problem? Have we connected the problem to learning outcomes? (Assessment/documentation of need)**
- Address stigma associated with accessing mental health services (by youth and parents)
- Link assessment of health issues to academic testing/achievement

### **[Group C]**

1. **Early identification in the school/classroom and how to respond**
2. **Alternatives to “system of care,” e.g. primary/early intervention**
3. **Home—school connections**
  - Who coordinates, implements?
  - How to address?
  - How to identify?

[Group D]

1. **Fostering a safe learning environment for all students (classroom and building); How does the community support this?**
2. **Providing effective social-emotional skills and knowledge to students (e.g. Health Education); and providing an environment for them to utilize those skills in school and community.**
3. **Creating a support system for educators to engage and re-engage all students**
4. Identifying who has been successful in creating an effective integrated system and how they did it

[Group E]

- **Promotion of a “wellness” model**
- **Early identification**
- **Stigma of diagnosis**
- School Social Workers cannot be considered ancillary services
- Schools unwelcoming community
- Mental Health Commission Report - work on collaboration between juvenile justice, schools, and agency services